



[2026] UKUT 128 (AAC)
Appeal No. UA-2025-000989-PIP

**IN THE UPPER TRIBUNAL
ADMINISTRATIVE APPEALS CHAMBER**

Between:

YC

Appellant

and

The Secretary of State for Work and Pensions

Respondent

Before: Upper Tribunal Judge Johnston

Decision date: 17 March 2026
Decided on consideration of the papers

On appeal from the First-tier Tribunal (Social Entitlement Chamber)

Representation:

Appellant: Mr Cunningham, Durham Welfare Rights
Respondent: Mrs Clare Pettett, on behalf of the Secretary of State for Work and Pensions

Summary

Personal independence payment: 41. Mistake on point of law.

The First-tier Tribunal was procedurally unfair by undertaking their own research and failing to give the appellant the opportunity to make submissions on the outcome of that research. The First-tier Tribunal relied on the incorrect result of the research to make findings of credibility.

DECISION

1. Mrs YC's appeal is allowed.
2. The First-tier Tribunal decision dated 01 June 2025 (heard under reference SC292/24/00033) is set aside. The case is remitted to the Social Entitlement Chamber of the First-tier Tribunal, to be reheard in accordance with the directions at paragraph 22 of this decision.

REASONS FOR DECISION

Introduction

3. The claimant, Mrs YC, appeals to the Upper Tribunal with my permission dated 21 October 2025. That permission was given on the papers.

Factual and procedural background

Secretary of State's decision

4. The claimant made a claim for PIP on 04 July 2023. On the 14 of August 2023, she attended a telephone assessment by Mrs Juliet Stocks, Nurse, who reports in the PA4 form that the claimant scored no points in either daily living or mobility components.

5. The decision maker for the Secretary of State agreed and on 21 August 2023 wrote to the claimant informing her of this decision. The claimant asked for a mandatory reconsideration and the decision maker wrote on 06 October 2023 saying that no award was made.

Appeal to the First-tier Tribunal

6. The claimant appealed the decision of the Secretary of State refusing PIP to the First-tier Tribunal. The claimant had requested an award of daily living largely on the basis of her mental health under 1(d), 2(d), 3(b) 4 (c) 6 (c) and 9(c). There was only one descriptor 2(e) which relied on her physical health.

7. On 01 April 2025 the First-tier Tribunal decided that she was not entitled to the daily living component of PIP as she only scored four points on 9(c). This was largely based on the fact that they did not find the claimant credible. They say:

“13. The tribunal found that much of Mrs [YC's] oral evidence to the tribunal was exaggerated and not credible. Examples included saying that the local shop that she goes to is 5 doors from her house (using Google maps and taking clear instructions as to which shop it was — the VG shop which has a post office inside and other basic food stuffs — we were able to establish that this shop is 0.3 miles from her home and not 5 doors away), saying that she had not had an accident when walking when she had an x-ray on her ankle. She said that the doctor made this up so that she could have an x-ray which the tribunal did not find to be credible. She also said that she went nowhere on her own however the medical records showed that she would go into some appointments on her own.”

8. The decision to award four points under descriptor 9(c) was based on the fact that there was no evidence that the claimant had formed new relationships and on her evidence that she “hated being around people” and being “panic struck”. This was below the requisite points to make an award under the daily living component and so no award was made.

9. As to the mobility component, they found that she scored 10 points as the evidence satisfied “11(d)” [sic] in that she could not follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. This meant she was entitled to the standard rate of the mobility component.

10. The First-tier Tribunal found that the claimant was diagnosed with anxiety and depression, COPD, menopause, liver problems and panic attacks. It is under "Findings of fact and decisions made on the points requested" that they find she is not credible. They then find she was not under secondary mental health services, that she was a "stoical lady" who was not at risk of suicide and that she could care for herself "cooking, eating, taking medication, dressing/undressing and washing/bathing." They did not accept she needed prompting for any of the descriptors because of these findings. They referred to the GP notes saying that the claimant is alone a lot with "little support around" when her partner is at work. What the notes actually say is "lives with partner although he works a lot. Little support around".

11. The tribunal made the following findings as to the claimant's mental health:

"General Mental Health Findings

16. Given that the majority of descriptors relate to Mrs [YC's] mental health, the tribunal made the following findings of fact:

a. Mrs [YC] has diagnoses of anxiety and depression, which are long standing. The numerous life events that she has endured are set out within the GP records in the consultation just after the date of decision (19.10.2023 — had four bereavements over the past few years -found one son dead, another son was murdered and husband hung himself - A13).

b. Her mental health is managed by her GP. She had been under secondary services (Tees and Esk Valley) but this was some time before 2016. After she found one of her son's [sic] dead, she told the tribunal that the GP had told her the waiting list was too long for help. However, the GP records show that she was signposted for support (for example bereavement support — entry 27.2.23—A8), however she did not take this up and we found that her oral evidence - in terms of being told the waiting list was too long — not to be credible.

c. Mrs [YC], as referred to above, is a stoical lady who was not at risk of suicide as shown in her GP records (A8). She was not so depressed that she was unable to care for herself in terms of cooking, eating, taking medication, dressing /undressing and washing/bathing. The GP records show that she was prescribed standard dose anti-depressants at the date of decision. She had thought they were not working and refused them shortly before the date of decision however the GP had discussed this with her, and she had agreed to continue. We did not accept that she needed prompting with any of these descriptors given our findings regarding her mental health (above and below).

d. She spends a lot of the time alone "little support around" when her partner is at work (A8)

e. She told the Nurse at the assessment that her medication was effective (81) and she was not under any specialist mental health service at the date of decision.

f. Mrs [YC] behaved normally and was not hostile; she did not sound anxious, agitated or tense and coped well at the PIP medical assessment (86).

g. Mrs [YC] had no diagnosed cognitive impairment or learning difficulties and showed adequate general memory and concentration at the hearing and at the PIP assessment. She has a good insight into medications and health conditions.

h. She makes her own decisions around her medication as clearly demonstrated in the GP records (entries 17.7.23 and 27.7.23 — A10/11) . She is clearly aware of what each medication is for and we did not find that she would need prompting to do so. Once the GP had spoken to her about continuing the medication she agreed to do so (A11).

i. Mrs [YC] drinks alcohol “above the recommended guidance” however she, is not alcohol dependent. She does not have any withdrawal symptoms on a morning. She is not unsafe due to her alcohol consumption. She did not drink daily (A20) and she told the tribunal that she would have “about six cans of lager a night” — hence she did not drink until evening time when most of her activities of daily living had been completed.

j. Whilst she said that she needs her husband to prompt with activities of daily living, we found that she exaggerated the extent to which he did so. As noted in the GP records she is often alone with little support. She cares for herself and a pet dog during the day.

k. She discussed eating with the clinical support at her GP. surgery whereby it is noted that she “eats vegetables not much meat she likes chocolate” (A20). She is not underweight (BMI 21.3 – A 10), is not prescribed supplements, has no input from a dietician and as she is often alone as referenced above, we did not accept that she usually needed prompting to take nutrition. As referred to elsewhere Mrs [YC] was not a credible witness. Her claim form was exaggerated, stating that she “can go days or weeks without eating” (49), which is clearly not the case given the other findings.

l. Mrs [YC] was also not credible in terms of preparing food. She refers in her claim form to not being safe and “cannot be left unattended in the kitchen” (49). As stated she is not learning disabled, she is not unsafe due to alcohol and she is not at risk of suicide. We did not find that she was unsafe in the kitchen. We also did not accept that she needed prompting given our general mental health findings.

m. We have made findings regarding refusals to award points for washing/bathing, dressing/undressing given the mental health findings. Again she was not credible in her oral evidence telling the tribunal that she needed her partner to help her in and out of the bath because she goes “dizzy” she said she was “always dizzy”. This was not documented within the GP records and she is not prescribed any medication for dizziness.”

12. As to the mobility component, the First-tier Tribunal said:

“Mobility Descriptor 1

18. We found that Mrs [YC] had difficulties in planning and following an unfamiliar journey as more particularly described in mobility descriptor 1d. She claimed to have difficulties with anxiety and needed her partner with her. Whilst she representative had initially claimed descriptor 1f, Mrs [YC told' her herself that she would go out alone once a week around the time that she claimed PIP. We had noted in her GP records that she would sometimes be alone in the consultations, and she agreed to this within the hearing when she was reminded of the medical

evidence "maybe the odd blood test" she said. There is also the mammogram that she was able to go to and we found that given she was not a credible witness, she would usually be able to go to familiar places alone. She did not drive, and she would go to the local shop (see below).

Mobility Descriptor 2

19. Mrs [YC] has a diagnosis of COPD. We know that this condition is progressive, and she told the tribunal that she was a "lot worse" by the date of the tribunal. She was breathless on the call but that's because she had a chest infection and was just going to pick up her prescription after the hearing.

20. Mrs [YC's] representative had asked the tribunal to consider descriptor 2e, which we found to be completely over-claimed. As set out above, Mrs [YCs] oral evidence was that she walked to the local shop and said it was only "5 doors away". When the tribunal had a break and checked Google maps there was no shop there. We were able to ask Mrs [YC] about this and take evidence from her and her partner. It is clear that the VG shop which she was talking about was 0.3 miles away which is a six-minute walk away according to Google. Her partner told the representative that it would take him a couple of minutes and 10 minutes walking with Mrs [YC]. His evidence was also not credible unless he runs to the shop, given that Google states six minutes at an average walking pace. If it takes Mrs [YC] 10 minutes, and she told the tribunal that she had a one rest on the wall of her nephew's house (longer if he was there as she would stand and chat), then 10 minutes would represent a reasonable walking pace.

21. We knew, having a medical expert on the panel, that her COPD had not even been graded as level 3 at the date of decision (six months after the date of decision it was grade 3 — A16). The medical expertise of the panel showed that she would have been able to repeatedly mobilise more than 200 Metres at the date of decision. Certainly, walking for 10 minutes with one stop — so with a couple of minutes stop — an eight-minute walk split into two would be walking for around four minutes before needing to stop. Even at a slow walking pace this would be a distance of 200 metres (50 metres x 4). She then repeated this journey to go back home. It was medically improbable that she was able to walk less than 20 metres as claimed, likewise improbable to walk less than 200 metres repeatedly and in a reasonable timescale. She claimed in her claim form to be "unstable" and having to need her partner to support her with moving around. We did not find any safety issues with her walking. She had not been referred to a falls clinic, had not mentioned this to her GP and again her claims lacked credibility. She was not entitled to any points at all under this component."

Permission to appeal to the Upper Tribunal

13. The claimant applied to the Upper Tribunal for permission to appeal to the Upper Tribunal.

14. On 21 October 2025, I gave the claimant permission to appeal to the Upper Tribunal. This was for arguable errors of law as to procedural irregularity leading to unfairness and as to providing inadequate reasons for their decision. However, I said in granting permission that, if the Secretary of State agreed to the First-tier Tribunal decision being set aside only for the procedural irregularity and its effects (paragraphs 18 and 19 below), then there would be no need for the Secretary of State to address the other arguable errors of law identified in the grant of permission.

Submissions

15. The parties have both agreed: (i) to my finding that there were the errors of law set out at paragraphs 18 and 19 of this decision, and that the First-tier Tribunal based their decision on the wrong shop, (ii) to the First-tier Tribunal decision being set aside for the reasons in those paragraphs, and (iii) to the Upper Tribunal referring the case for redetermination of both components entirely afresh by the First-tier Tribunal.

Law

16. In any proceedings before a court or tribunal it is well established that the parties have a right to fairness and the ability to make representations on material evidence. (see Dyson LJ in AMEC Capital Projects Ltd v Whitefriars City Estates Ltd [2005] 1 All ER 723 at [14]).

17. The overriding objective in the Tribunal Procedure (First-tier Tribunal) (Social Entitlement Chamber) Rules 2008 provides so far as relevant:

“2.—(1) The overriding objective of these Rules is to enable the Tribunal to deal with cases fairly and justly.

(2) Dealing with a case fairly and justly includes—

...

(c) ensuring, so far as practicable, that the parties are able to participate fully in the proceedings;”

Analysis

Procedural irregularity

18. The procedural irregularity that was created by the tribunal relates to them having undertaken their own research on google maps. This, says the claimant, resulted in them identifying the wrong shop. I find that they did identify the wrong shop. The claimant says that the tribunal did not give the appellant or the representative any opportunity to comment. On the evidence before me I find that the tribunal did not give the appellant or her representative the opportunity to address that evidence. The shop in question was 130 metres away and not 0.3 miles and the failure to give the parties the opportunity to make submissions as to the google maps evidence was material; it led to a finding not supported by the evidence, namely that the claimant could walk for the purposes of mobility descriptor 2. I used this link [how many metres is a third of a mile? - Google Search](#) to convert the 0.3 miles into metres - 0.3 miles is according to that tool 536.4 metres. Neither party objected to my use of this conversion tool having been given the opportunity to do so. By not allowing the representative or the claimant to make submissions regarding the evidence the tribunal used, the proceedings were not fair in that the claimant was not able to make representations on that material evidence and was therefore unable to effectively participate in the proceedings as required by Rule 2(2)(c) of Tribunal Procedure (First-tier Tribunal) (Social Entitlement Chamber) Rules 2008.

19. The failure to permit submissions regarding the google maps evidence, and the finding that the distance was 0.3 miles and not 130 metres, were also material in having influenced the tribunal’s assessment of the claimant’s credibility. The tribunal spent

much time in the statement of reasons explaining the google maps evidence and it was the first example given in paragraph 13 of their decision when they explained why they found “much of Mrs [YC’s] oral evidence to the tribunal was exaggerated and not credible”. This coloured all further findings they made. Credibility is mentioned in the reasons at least eleven times. Given their findings on credibility the tribunal did not believe her evidence on her mental health and the need for assistance to cook a simple meal, prompting to take nutrition, managing medication or therapy, supervision over washing and bathing and prompting to dress.

Disposal

20. Both parties agreed to remittal of both components on the grounds of the procedural irregularity identified above at paragraphs 18 and 19. I consider remittal appropriate for findings of fact to be made afresh on both components.

Conclusion

21. It is for all of the above reasons that I allow the appeal, set aside the First-tier Tribunal decision, and remit the case to a freshly constituted panel of the First-tier Tribunal, for redetermination entirely afresh.

CASE MANAGEMENT DIRECTIONS

22. I therefore direct as follows:

- (1) The case is to be redetermined entirely afresh (both components) by the First-tier Tribunal.
- (2) The First-tier Tribunal panel which rehears the case must contain no-one who was on the panel which decided the case on 01 April 2025.

**Sarah Johnston
Judge of the Upper Tribunal
17 March 2026**